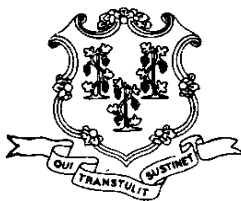


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

License Services Division
165 Capitol Avenue
Hartford, CT 06106
Email: dcp.licenseservices@ct.gov
Web site: www.ct.gov/dcp



Manufacturer or Importer of Bedding License Reinstatement Form

- **This form can only be used to reinstate a license that expired on or after 04/30/2011.** The license number you wish to reinstate must be entered on this form.
- A total **reinstatement fee of \$110.00 for each one-year period of expiration** must accompany this form. Checks or money orders should be made payable to "Treasurer, State of Connecticut."
- Return this completed form with the applicable fee to the above address.
- All licenses expire annually on April 30th. A completed form with the applicable fee will reinstate the indicated license to the current renewal year.

License Number to be Reinstated			Expiration Date of License	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer				
LICENSE INFORMATION				
Licensee Name:			FEIN Number (U.S. residents only):	
Street Address (Principal Place of Business):				
City	State and/or Country	Zip Code	Email Address:	
Mailing Address (If different than above)				
In Care of:				
Address:		City	State and/or Country	Zip Code
Name of Parent Company (Corporation, Partnership, LLC, etc.):		Name of Principal Officer in Charge:		
MANUFACTURERS (ONLY)				
This firm has been issued the following UNIFORM REGISTRY NUMBER from another state, and request that this number be assigned in Connecticut: <input type="text"/>				
CERTIFICATION				
I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.				
Signature			Date	